

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM

CALIFORNIA
FORM 460

Date Stamp

FEB 22 2002

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For Official Use Only

Statement covers period

from 01/20/2002

through 02/16/2002

Date of Election if applicable:

(Month, Day, Year)

03/05/2002

REGISTRAR OF VOTERS

By

Carla

D

03/05/2002

ORIGINAL

1. Type of Recipient Committee:

☒ Officeholder, Candidate
Controlled Committee

☐ Primarily Formed Candidate/
Officeholder Committee

☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored

☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1234010

COMMITTEE NAME

Committee to Elect Bill Habermehl

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Corliss Delameter

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

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4. Officeholder or Candidate Controlled Committee 5. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

William M. Habermehl

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Superintendent of Schools, District n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 02/19/2002
DATE

By

Corinne Delamater

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/19/2002
DATE

By

William M. Habermehl

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 02/19/2002
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 02/19/2002
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period

from 01/20/2002

through 02/16/2002

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I.D. NUMBER

1234010

NAME OF FILER William M. Habermehl, Committee to Elect Bill Habermehl

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 7	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0 0

21. Expenditures Made \$ 720 0

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Cash Payments Schedule E, Line 4	\$ 0.00	\$ 1,159.44
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$ 1,159.44
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.00	\$ 1,159.44

Expenditure Limit Summary for State Candidates

22. Cumulative Exenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 49,543.29
13. Cash Receipts Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	500.00
15. Cash Payments Column A, Line 8 above	0.00
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 50,043.29

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 0.00

Schedule I
Miscellaneous Increases to Cash

SCHEDULE I

Statement covers period
 from 01/20/2002
 through 02/16/2002

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NAME OF FILER William M. Habermehl, Committee to Elect Bill Habermehl

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
02/14/2002	California Voter Guide [REDACTED] [REDACTED] [REDACTED]	Refund	500.00

SUBTOTAL \$ 500.00

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 500.00
- Increases to cash under \$100 this period.
 (Do not itemize.) \$ 0.00
- Total of all interest received this period on loans made to others.
 (Schedule H, Part II (b).) \$ 0.00
- Total miscellaneous increases to cash this period.
 (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) **TOTAL \$ 500.00**